PTO/SB/17 (05-07)

Approved for use through 05/31/2007. OMB 0651-0032

Under the aperwork Reduction	n Act of 1995	no persons are requir	red to r						B control number	
Effective on 12/08/2004.					omplete	plete if Known				
FEE TRANSMITTAL				Application Nun	09/616,7	09/616,714				
	Filing Date	July 14, 2000								
For	First Named Inv	ventor	Mohan A							
Applicant claims small	Examiner Name	Matthew Gart								
	Art Unit	3625								
TOTAL AMOUNT OF PAYM	MENT (\$)	515 		Attorney Docke	t No.	81045.94	4			
METHOD OF PAYMENT	(check all t	hat apply)								
✓ Check Credit Card Money Order None Other (please identify):										
✓ Deposit Account Deposit Account Number: 08-1520 Deposit Account Name: The Hecker Law Group, PLC										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
		s) or underpayment	ts of fe	e(s) Credi	t any ove	rpayments	;			
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization		•								
FEE CALCULATION										
1. BASIC FILING, SEAR										
		EES nall Entity	SEAR	RCH FEES Small Entity		INATION <u>Small</u>				
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$</u>	Fee (\$)	Fee ((\$) <u>Fee</u>	(\$)	Fees	Paid (\$)	
Utility	300	150	500	250	200		0		 	
Design	200	100	100	50	130	6	5			
Plant	200	100	300	150	160	8	0			
Reissue	300	150	500	250	600	30	0			
Provisional	200	100	0	0	0		0	_	l	
2. EXCESS CLAIM FEE Fee Description	S					E	ee (\$)	Small Enti	ity	
Each claim over 20 (in	ncluding Re	issues)				_	50	25		
Each independent clai	•	ncluding Reissue	es)				200	100		
Multiple dependent cl		~	- .	- · · / / / / / ·		360 180				
<u>Total Claims</u> - 20 or HP =	Extra Claims	<u>s Fee(\$)</u> x :	<u>Fee</u>	<u>∍ Paid (\$)</u>	Paid (\$)			Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
HP = highest number of total	claims paid for,					-	<u>ee (4)</u>	100.	aid (w)	
Indep. Claims	Extra Claims		Fee	Paid (\$)						
3 or HP = _ HP = highest number of indep	endent claims r	X= paid for, if greater that	 .n 3.							
3. APPLICATION SIZE F	EE			. 1 1'						
If the specification and										
listings under 37 CF sheets or fraction the						Silian en	iity) ioi	each addn	.1011a1 Ju	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =										
- 100 = / 50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): RCE (\$395) and Petition for Extension of Time Fee (\$120) \$515										
SUBMITTED BY			\equiv							
ignature \\				Registration No. (Attorney/Agent)	33,050		Telephor	^{ne} (310) 286	3-0377	

Date May 16, 2007 Name (Print/Type) Frank Weyer, Esq. This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-06)
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Application Number

09/616,714

Filing Date

July 14, 2000

First Named Inventor

Mohan Ananda

Art Unit

3625

Examiner Name

Matthew Gart

(to be used for all correspondence after initial filing)			Mattnew Gart								
Total Number of Pages in This Submission			Attorney Docket Number 81045.944								
ENCLOSURES (Check all that apply)											
	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts			Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD			After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Request for Continued Examination (RCE), Petition for Extension of Time; check for \$515; postcard				
		idel 37 C	FR 1.52 or 1.53								
			SIGNA	TURE C	F APPLICANT,	ATTOF	KNEY, O	K AG	⊨N Γ	·	
Firm N	lame	THEAE	CKER LAW GRO	UP, PLC	1						
Signa	Signature										
Printed name Frank Weyer, Esq.											
Date May 16, 2007		Reg. No.			33,050	33,050					
CERTIFICATE OF TRANSMISSION/MAILING											
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